

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/996,946-Conf. #3991
		Filing Date	November 30, 2001
		First Named Inventor	Taeko HAYASE
		Examiner Name	E. M. Cole
		Art Unit	1794
TOTAL AMOUNT OF PAYMENT		(\$)	930.00
		Attorney Docket No.	0445-0313P

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims <u>17</u> - 30 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims _____ x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____
Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
Indep. Claims <u>1</u> - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Extra Claims _____ x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Extra Sheets _____ x _____ = _____	Number of each additional 50 or fraction thereof _____	Fee (\$) _____	Fee Paid (\$) _____
4. OTHER FEE(S)				
Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): 1251 Extension for response within first month				120.00
1801 Request for continued examination (RCE) (see 37 ...				810.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,881
Name (Print/Type)	John W. Bailey	Telephone	(703) 205-8000
		Date	July 28, 2008